500 James Robertson Parkway Nashville, Tennessee 37243 615-741-3805

Protected Cell Captive Insurance Company Individual Cell Application

A. GENERAL INFORMATION:

1.	Name of Protected Cell Captive Insurance Company the following cell is associated with:
2.	Name of Proposed Protected Cell:
3.	Parent or Sponsor: *
	Name:
	Street Address:
	City, State and Zip:
	Phone Number:
	E-Mail Address:
4.	Type of Business Proposed: Incorporated Series LLC Unincorporated LLC
5.	Principal Place of Business of Proposed:
6.	Resident Registered Agent:
7.	Location of Books and Records:

^{*} If Beneficial Owner is publicly traded, current Annual Report (10-k) must be included with application

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A. COVERAGE/LIMITS/REINSURANCE

Coverage	Direct or Reinsurance	Policy Limits per Occ./Agg.	Claims Made or Occurrence	Amount Reinsured	Reinsured By
		. 33			

Are Policies assessable?	Yes 🗌	No _
Parental Guarantee in place?	Yes 🗌	No 🗌
Loan to Parent requested?	Yes 🗌	No 🗌
Loss Discounted?	Yes	No

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A. CONTACT INFORMATION

APPLICANT CONTACT	CAPTIVE MANAGER
Name:	Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
Email Address.	Email Address.
ACTUARIAL FIRM	CERTIFIED PUBLIC ACCOUNTANT
Name:	Name:
Compact Name	Contact Name
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
ency, state, e.p.	c.t.y, 5tate, 2.p.
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
THIRD PARTY ADMINISTRATOR	
Company Name:	
Contact Name:	
Street Address:	
67. 67. 77	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email Address:	

Captive Insurance Section

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I CERTIFY TO THE BEST OF MY

KNOWLEDGE AND BELIEF, ALL OF THE

INFORMATION GIVEN IN THIS APPLICATION IS

TRUE AND CORRECT AND THAT ALL

ESTIMATES GIVEN ARE TRUE ESTIMATES

BASED UPON FACTS WHICH HAVE BEEN

CAREFULLY CONSIDERED AND ASSESSED.

Officer, Director, or Attorney-in-Fact for a Reciprocal
Date:
Name:
Signature:
Captive Manager
Date:
Name:
Signature: